

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039324

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

172

Primary Registration District No.

4273

Registrar's No.

76

STATE FILE NUMBER

FILED OCT 17 1962

1. PLACE OF DEATH

a. COUNTY

LAFAYETTE

b. CITY (If outside corporate limits, give TOWNSHIP only)

CONCORDIA, FREEDOM TWP

Length of stay in 1b

5 Min

c. FULL NAME OF (If NOT in hospital, give location)

2 MI EAST OF CONCORDIA

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

SALINE

Inside Limits

Yes ☐ No ☒

c. CITY

OR

TOWN

MARSHALL

d. STREET

(If outside, give location)

ADDRESS

ROUTE 3

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

WILLIAM

Middle

JOSEPH

Last

TODD

4. DATE OF DEATH

Month

Day

Year

OCT

13

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7-16-1937

9. AGE (last birthday)

25 YRS

IF UNDER 1 YEAR

Months

IF UNDER 24 HR

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

EMPLOYEE

10b. KIND OF BUSINESS OR INDUSTRY

M.F.A. SEED DIV

11. BIRTHPLACE (City and state of country)

DALLAS County MO

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

EMMETT TODD

13b. MOTHER'S MAIDEN NAME

FLOSSIE FORD

14. NAME OF HUSBAND OR WIFE

MRS. EMMETT TODD MARSHALL MO

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

MRS. EMMETT TODD MARSHALL MO

Address

R3.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Multiple fractures of legs, arms + skull.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☒

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Head on motor car collision

20c. TIME OF INJURY

Hour

Month, Day, Year

10:15 p.m.

10-13-62

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

9040 Highway

20f. CITY, TOWN, OR LOCATION

Concordia Lafayette MO

COUNTY

MARSHALL

STATE

MO

21. I attended the deceased from

never

to

never

Death occurred at about 10:13 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

[Signature]

(Degree or title)

MD Martin M. Corone

22b. ADDRESS

Odessa MO

22c. DATE SIGNED

10-14-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

OCT 14, 1962

23c. NAME OF CEMETERY OR CREMATORY

RIDGE PARK

23d. LOCATION (City, town, or county)

MARSHALL MO

(State)

MO

24. FUNERAL DIRECTOR

E. L. James

ADDRESS

Concordia, MO

25. DATE RECD. BY LOCAL REG.

10-14-1962

26. REGISTRAR'S SIGNATURE

Lutie G. Jordan

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/590540
29970

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11 054

12 91-3

13 2-0

OCT 17 1962

OCT 22 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by Not Embalmed., Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. L. Jensen

Licensed Embalmer No. 205-8

P. O. Address Concordia, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.